| **Employee’s Name** | **Organizational Unit and Supervisor** |
| --- | --- |
|  |  |

| **Position Title** | **Grade** | **Entrance on Duty Date** |
| --- | --- | --- |
|  |  |  |

| **After the following items have been discussed with the employee, please sign.** | **Discussed** |
| --- | --- |
| * Access to personnel representative
 |  |
| * Appeals and grievances
 |  |
| * Applicable safety regulations
 |  |
| * Appropriate awareness of manual and handbooks
 |  |
| * Availability of supervisor for assistance
 |  |
| * Awards and recognition
 |  |
| * Computer access
 |  |
| * Correspondence appropriateness
 |  |
| * Credit union, labor organizations, and other employee organizations
 |  |
| * Delegation of authority
 |  |
| * Duties and responsibilities of employee/position description
 |  |
| * EEO program/policies
 |  |
| * Email protocol and Internet use
 |  |
| * Employee Assistance Program (EAP)
 |  |
| * Employee Express and Thrift Savings Plan (TSP)
 |  |
| * Employee Safety Orientation Checklist (See below)
 |  |
| * Employees work area, desk, etc.
 |  |
| * Employment options, career paths, and position requirements (BIA Fire and Aviation, non-fire, other federal agencies)
 |  |
| * Ethics and personal conduct
 |  |
| * Federal, Department and Bureau regulations of importance to employees
 |  |
| * Financial Disclosure Report (if necessary)
 |  |
| * Furnish publications
 |  |
| * Health benefits/group life insurance (if applicable)
 |  |
| * Hours of work, lunch periods and breaks/timekeeping
 |  |
| * Individual Development Plan (if required for position)
 |  |
| * Injuries on the job
 |  |
| * Introduction to fellow workers, including employees in other Divisions/Branches/Offices
 |  |
| * Leave benefits (annual, sick, LWOP, etc.)
 |  |
| * Merit Promotion Program (if applicable)
 |  |
| * Mission of office, division, branch, team
 |  |
| * Notice to mail room of new employee
 |  |
| * Organization and mission of Bureau and Region/Project
 |  |
| * Pay periods and holidays
 |  |
| * Payroll deductions (taxes, bonds, retirement, insurance, etc.)
 |  |
| * Performance appraisal (EPAP)
 |  |
| * Performance requirements of position
 |  |
| * Position requirements (IFPM, NWCG, agency-specific, GS-0401)
 |  |
| * Prevention and Elimination of Harassing Conduct (PB 18-01)
 |  |
| * Prior approval of annual leave
 |  |
| * Reporting sick and emergency annual leave
 |  |
| * Retirement plan/Social Security
 |  |
| * Role of the supervisor
 |  |
| * To whom employee reports in your absence
 |  |
| * Training opportunities, IDPs, required training, DOI Talent
 |  |
| * Type of appointment (probationary period & tenure)
 |  |
| * Unusual or hazardous conditions
 |  |
| * Use of government vehicles and equipment
 |  |
| * Wages and/or salary and periodic step increases
 |  |

| **Employee’s Signature and Date** | **Supervisor’s Signature and Date****Supervisors Signature and Date** |
| --- | --- |
|  |  |

For additional information, please refer to the New Employee Orientation Training in DOI Talent.

**FIRE AND AVIATION**

**EMPLOYEE SAFETY ORIENTATION CHECKLIST**

Employee Name:

Supervisor:

Instructions: This checklist is designed to guide supervisors in providing employee safety orientation to new employees and volunteers. Applicable safety training and orientation should be indicated by supervisor and employee initials and date. Additional specialized training may be required for some employees. Consult with local field safety manager or state safety manager to receive specific local requirements.

| **Guides and Information*****Provide employee with:*** | **Completed** | **Not Applicable** | **Date** |
| --- | --- | --- | --- |
| *DOI Occupational Safety and Health Program – Field Manual* |  |  |  |
| Local Safety Policy/Safety Plan (includes safety websites, library, bulletin board, etc.) |  |  |  |
| Contact information for local supervisor, Safety Manager and emergency contact numbers |  |  |  |
| Security procedures and workplace violence awareness (includes specific local known hazards) |  |  |  |
| Prevention and Elimination of Harassing Conduct (PB 18-01) <https://www.doi.gov/employees/anti-harassment/personnel-bulletin-18-01> |  |  |  |
| Location of local medical facilities and procedures to obtain treatment |  |  |  |
| Emergency Evacuation Plan/Procedures |  |  |  |
| Procedures for reporting unsafe or unhealthful working conditions:* *DOI Occupational Safety and Health Program – Field Manual*
* SAFENET: <https://safenet.nifc.gov/>
 |  |  |  |
| Personal Injury Reporting Requirements:* CA-1
* CA-16
* SMIS – supervisor generated: <https://www.smis.doi.gov/>
 |  |  |  |
| Required Personal Protective Equipment (PPE) |  |  |  |
| Check-in/Check-out Policy |  |  |  |
| Other: |  |  |  |
| **Training Guidelines*****Ensure employee completes mandatory training:*** | **Completed** | **Not Applicable** | **Date** |
| First Aid/CPR |  |  |  |
| Bloodborne Pathogens (consider exposure risks) |  |  |  |
| Employee Right-to Know/Hazard Communication, OSHA 1910.1200 (provide employee with specialized training for any chemical use/exposure) |  |  |  |
| Defensive Driving Training |  |  |  |
| BL300 Fire Vehicle Driver Orientation Course (if applicable as an operator) |  |  |  |
| First Responder Awareness“Close Encounters” (hazardous materials situations) |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
| **Other Specialized Training*****Provide employee with:*** | **Completed** | **Not Applicable** | **Date** |
| Wildland Fire Refresher (RT-130) |  |  |  |
| Risk Management Process |  |  |  |
| Work Rest Requirements |  |  |  |
| Driver Duty Limitations |  |  |  |
| “Do What’s Right” |  |  |  |
| Other: |  |  |  |
| **Motor Vehicle Use*****Provide employee with:*** | **Completed** | **Not Applicable** | **Date** |
| Motor Vehicle Authorization in accordance with IAM Part 25, Chapter 4, Motor Vehicle Safety Program. Employees are required to self-certify their physical ability to operate vehicles which they are authorized to use. Drivers of vehicles that require a Commercial Driver’s License may be required to have additional driver, medical, and fitness testing as required by local and/or state laws.  |  |  |  |
| Fire Vehicle Driver Orientation BL-300 Initial Training (if required of position)<https://www.nifc.gov/training/trainingFireVehicle.html> |  |  |  |
| Fire Vehicle Driver Refresher RT-301 (see above link) |  |  |  |
| Misuse of Government Vehicle Policy |  |  |  |
| Vehicle Maintenance Procedure and Record |  |  |  |
| Mandatory Seatbelt Use Policy |  |  |  |
| Commercial Driver’s License Requirements |  |  |  |
| Vehicle Accident Reporting:* SF-91: <https://www.gsa.gov/forms-library/motor-vehicle-accident-report>
* SF-94: <https://www.gsa.gov/forms-library/statement-witness>
 |  |  |  |

| **Employee’s Signature and Date** | **Supervisor’s Signature and Date****Supervisors Signature and Date** |
| --- | --- |
|  |  |

For additional information, please refer to the New Employee Orientation Training in DOI Talent.